



Yellow and Red Card Levels 1-4

To be completed and returned to CARDS@RFU.COM
BY 0900 MONDAY MORNING FOR WEEKEND GAMES
AND WITHIN 24 HOURS FOR MIDWEEK GAMES

Please ensure **ALL** fields are completed
Please e-mail as an attachment

| | |
|----------------|--|
| Player's Name: | |
| Player's Club: | |
| Player's No: | |
| Red/Yellow: | |

| Home Team | Final Score | Away Team |
|-----------|-------------|-----------|
| | | |

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|---|-----|----|------------------------------------|-------|----|
| Law 9 Offence: | | | | | |
| League/Competition: | | | | Date: | |
| Period Incident Occurred: (1st Half/2nd Half/ET) | | | | | |
| Elapsed Time in Half: | | | Proximity of Official to Incident: | | |
| Clear View: | Yes | No | Video: | Yes | No |
| Score at Time: | | | | | |

| Officials | Name | Email Address | Telephone |
|-----------|------|---------------|-----------|
| Referee | | | |
| A/R 1 | | | |
| A/R 2 | | | |

ADDITIONAL FACTORS

Weather conditions and state of the pitch. General pattern of play/temper of game.
Any other cards issued? Was there any injury/medical attention? Any other related information.

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DETAILED REPORT OF INCIDENT

| | | | |
|------------|--|-------|--|
| Name: | | | |
| Signature: | | Date: | |